

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09779372</div>	FILING DATE <div style="font-size: 1.2em; font-family: monospace;">2-9-01</div>				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3				1			53				
4				1			54				
5				1			55				
6				1			56				
7				1			57				
8	1						58				
9				1			59				
10				1			60				
11				1			61				
12				1			62				
13				1			63				
14				1			64				
15	1						65				
16				1			66				
17				1			67				
18				1			68				
19				1			69				
20				1			70				
21				1			71				
22				1			72				
23							73				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	19						TOTAL DEP.				
TOTAL CLAIMS	22						TOTAL CLAIMS				